

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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City Clerk's Office
City of Hughson

Please type or print in ink.

NAME OF FILER

BAWANAN

(LAST)

Ramon

(FIRST)

(MIDDLE)

1. Office, Agency, or Court

Agency Name

City of Hughson

MAYOR

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

Stanislaus County - Economic Development Action Committee

Position:

vice chair

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☒ City of

HUGHSON

☐ Judge (Statewide Jurisdiction)

☒ County of

Stanislaus

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____

☐ Candidate: Election Year _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

-or-

☐ None - No reportable interests on any schedule

► Total number of pages including this cover page: 3

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

I certify under penalty of perjury under the laws of the State of California that

Date Signed

Jan. 31, 2011
(month, day, year)

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Ramon Bauanan</u>

► NAME OF SOURCE
United Samaritans Foundation

ADDRESS (Business Address Acceptable)
220 S. Broadway, Turlock, CA 95380

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Feeding the homeless + hungry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4,24,10</u>	<u>\$ 40.00</u>	<u>Dinner Tickets</u>
<u>9,23,10</u>	<u>\$ 40.00</u>	<u>Dinner Tickets</u>
<u>9,23,10</u>	<u>\$ 15.00</u>	<u>Luncheon Tickets</u>

► NAME OF SOURCE
Mark Henry, American Lumber

ADDRESS (Business Address Acceptable)
1231 9th Street, Modesto, CA 95354

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lumber + hardware

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1,23,10</u>	<u>\$ 75.00</u>	<u>Golf outing</u>
<u>2,20,10</u>	<u>\$ 35.00</u>	<u>Entertainment</u>
<u>3,13,10</u>	<u>\$ 71.00</u>	<u>Golf outing</u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE
John + June Rogers

ADDRESS (Business Address Acceptable)
5101 Mtn. View Road, Hughson, CA 95326

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private citizens

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2,6,10</u>	<u>\$ 100.00</u>	<u>Dinner Tickets</u>
<u>2,13,10</u>	<u>\$ 20.00</u>	<u>Dinner Tickets</u>
<u>7,20,10</u>	<u>\$ 16.00</u>	<u>Faire / Entertainment</u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>Ramon Bawanan</i>

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
United Samaritans Foundation

ADDRESS (Business Address Acceptable)
220 S. Broadway, Turlock, CA 95380

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Feeding the homeless + hungry

YOUR BUSINESS POSITION
Executive Director

GROSS INCOME RECEIVED

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Partnership
<input type="checkbox"/> Sale of _____ (Property, car, boat, etc.)	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
<input type="checkbox"/> Other _____ (Describe)	

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000
<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

<input type="checkbox"/> None	<input type="checkbox"/> Personal residence
<input type="checkbox"/> Real Property	_____
	Street address

	City
<input type="checkbox"/> Guarantor	_____
<input type="checkbox"/> Other	_____
	(Describe)

Comments: _____